

IN RE:

CASE NUMBER:

13-18784

JUDGE

DEBTOR: MICHAEL B
SARACENO JR

CHAPTER 11

DEBTOR'S MONTHLY OPERATING REPORT (INDIVIDUAL)

FROM 5-1-16 FOR THE PERIOD TO 5-31-16

Comes now the above-named debtor and files its Monthly Operating Report in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

Dated:

6-27-16

MICHAEL M^CCRYSTAL
Attorney for Debtor

Debtor's Address

and Phone Number:

4507 SCHEIDY3 RD

COPLAY, PA 18037

Tel. 610-442-7829

Attorney's Address

and Phone Number:

2355 OLD POST RD #4

COPLAY, PA 18037

Bar No.

Tel. 610-262-7873

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program website,
<http://www.justice.gov/ust/r20/index.htm>

- 1) Instructions for Preparation Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

Debtor Name: MICHAEL B. JARACENO JR.
 Case Number: 13-18784

Note: The information requested below is a summary of the information reported the various Schedules and Attachments contained within this report.

	Month	Cumulative
	MAY	Total
CASH- Beginning of Month (Household)		
CASH- Beginning of Month (Business)		
Total Household Receipts	3080.00	
Total Business Receipts	6250.00	
Total Receipts	9330.00	
Total Household Disbursements	3808.58	
Total Business Disbursements	9178.00	
Total Disbursements	12986.58	
NET CASH FLOW (Total Receipts minus Total Disbursements)	-3656.58	
CASH- End of Month (Individual)		
CASH- End of Month (Business)		

CALCULATION OF DISBURSEMENTS FOR UNITED STATES TRUSTEE QUARTERLY FEES

TOTAL DISBURSEMENTS (From Above)		
Less: Any Amounts Transferred or Paid from the Business Account to the Household Account (i.e., Salary Paid to Debtor or Owner's Draw)		
DISBURSEMENTS FOR U.S. TRUSTEE FEE CALCULATION		

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief

This 27 day of June 2016

Debtor's Signature

**SCHEDULE OF HOUSEHOLD
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month	Cumulative Total
CASH - Beginning of Month	MAY	
CASH RECEIPTS		
Salary or Cash from Business		
Wages from Other Sources (attach list to this report)		
Interest or Dividend Income		
Alimony or Child Support		
Social Security/Pension/Retirement	1580.00	
Sale of Household Assets (attach list to this report)		
Loans/Borrowing from Outside Sources (attach list to this report)		
Other (specify) (attach list to this report)	1500.00	
CHILDREN'S HELP		
TOTAL RECEIPTS	3080.00	
CASH DISBURSEMENTS		
Alimony or Child Support Payments		
Charitable Contributions	80.00	
Gifts		
Household Expenses/Food/Clothing		
Household Repairs & Maintenance		
Insurance	143.58	
IRA Contribution		
Lease/Rent Payments		
Medical/Dental Payments		
Mortgage Payment(s)	3585	
Other Secured Payments		
Taxes - Personal Property		
Taxes - Real Estate		
Taxes Other (attach schedule)		
Travel & Entertainment		
Tuition/Education		
Utilities (Electric, Gas, Water, Cable, Sanitation)		
Vehicle Expenses		
Vehicle Secured Payment(s)		
U. S. Trustee Quarterly Fees		
Professional Fees (Legal, Accounting)		
Other (attach schedule)		
Total Household Disbursements	3808.58	
CASH - End of Month (Must equal reconciled bank statement- Attachment No. 2)		

SCHEDULE OF BUSINESS
CASH RECEIPTS AND CASH DISBURSEMENTS

	Month	Cumulative Total
CASH - Beginning of Month	MAY	
BUSINESS CASH RECEIPTS		
Cash Sales		
Account Receivable Collection		
Loans/Borrowing from Outside Sources (attach list to this report)		
Rental Income	5631.00	
Sale of Business Assets (attach list to this report)		
Other (specify) (attach list to this report)		
Total Business Receipts		
BUSINESS CASH DISBURSEMENTS		
Net Payroll (Excluding Self)		
Salary Paid to Debtor or Owner's Draw (e.g., transfer to Household Account)		
Taxes - Payroll		
Taxes - Sales		
Taxes Other (attach schedule)		
Contract Labor (Subcontractors)		
Inventory Purchases		
Secured/Lease Payments (Business)		
Utilities (Business)	1667.00	
Insurance		
Vehicle Expenses		
Travel & Entertainment		
Repairs and Maintenance	2200.00	
Supplies		
Charitable Contributions/Gifts		
Purchase of Fixed Assets		
Advertising		
Bank Charges		
Other (attach schedule)		
MORTGAGES- TAXES-INS:	5311.00	
Total Business Disbursements	9178.00	
CASH - End of Month (Must equal reconciled bank statement - Attachment No. 2)		

If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

Check here if United States Trustee has been listed as a Certificate Holder on all policies of insurance

included in M06T9613

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

Estimated Date of Filing the Plan of Reorganization and Disclosure Statement:

FINANCIAL COMPENSATION REPORT
(INDIVIDUAL)

ATTACHMENT NO. 2

BANK ACCOUNT RECONCILIATIONS

ATTACHED

Bank Account Information	Account #1	Account #2	Account #3	Account #4
Name of Bank: FIRST NIAGARA				
Account Number: 007806214453				
Purpose of Account (Business/Personal): DEBTOR ACCT				
Type of Account (e.g. checking)				
1. Balance per Bank Statement				
2. ADD: Deposits not credited (attach list to this report)				
3. SUBTRACT: Outstanding Checks (attach list)				
4. Other Reconciling Items (attach list to this report)				
5. Month End Balance (Must Agree with Books)				
TOTAL OF ALL ACCOUNTS				\$

Note: Attach a copy of the bank statement and bank reconciliation for each account.

Investment Account Information	Date of Purchase	Type of Instrument	Purchase Price	Current Value
Bank / Account Name / Number				

Note: Attach a copy of each investment account statement.



FIRST NIAGARA

1

MICHAEL B SARACENO JR
DEBTOR IN POSSESSION
4507 SCHEIDYS RD
COPLAY PA 18037-2426

474 Statement Date: 05/18/16

Account Number: 7806214453
Deposit

***** Choice Checking 7806214453 *****

All Transactions by Date

Date	Description	Withdrawal	Deposit	Balance
04/18	Balance Forward ----->			9,609.93
04/19	Check Num 193	416.89-		9,193.04
04/22	Deposit		600.00	9,793.04
04/29	Withdrawal	8,896.65-		896.39
04/29	Deposit		1,200.00	2,096.39
04/30	Deposit		1,856.00	3,952.39
05/02	UGI UTILITIES ONLINE PMT	263.20-		3,689.19
05/02	PPL ELECTRIC ONLINE PMT	260.65-		3,428.54
05/02	UGI UTILITIES ONLINE PMT	235.78-		3,192.76
05/02	PPL ELECTRIC ONLINE PMT	211.28-		2,981.48
05/02	LEHIGH CO AUTH ONLINE PMT	210.76-		2,770.72
05/02	LEHIGH CO AUTH ONLINE PMT	187.91-		2,582.81
05/02	LEHIGH CO AUTH ONLINE PMT	157.87-		2,424.94
05/02	LEHIGH CO AUTH ONLINE PMT	144.46-		2,280.48
05/02	CAPITAL ONE CARD ONLINE PMT	56.19-		2,224.29
05/04	Deposit		3,222.00	5,446.29
05/06	Deposit		500.00	5,946.29
05/09	AETNA LIFE INSUR INS PYMT	143.58-		5,802.71
05/10	Deposit		500.00	6,302.71
05/11	TCS TREAS 449 XXSOC SEC		1,580.49	7,883.20
05/12	Deposit		748.00	8,631.20
05/13	Check Num 197	85.15-		8,546.05
05/14	Deposit		600.00	9,146.05
05/16	Check Num 200	72.96-		9,073.09
05/16	Check Num 198	18.66-		9,054.43
05/17	Check Num 195	26.82-		9,027.61
05/18	Check Num 199	416.89-		8,610.72

Checks in Order

Date	Number	Amount	Date	Number	Amount	Date	Number	Amount
04/19	193	416.89	05/13	197*	85.15	05/18	199	416.89
05/17	195*	26.82	05/16	198	18.66	05/16	200	72.96

(*) Check Numbers Missing

MICHAEL B SARACENO JR
DEBTOR IN POSSESSION
4507 SCHEIDYS RD
COPLAY PA 18037-2426

474 Statement Date: 05/18/16

Account Number: 7806214453
Deposit

***** Choice Checking 7806214453 *****
Account Summary
Beginning Interest Service Ending
Balance + Deposits + Paid - Withdrawals - Charge = Balance
9,609.93 10,806.49 .00 11,805.70 .00 8,610.72

Statement from 04/19/16 Thru 05/18/16

*****Summary of Deposit Accounts *****
AP ACCOUNT BALANCE INT-RATE% YTD-INT YTD-PENALTY
-10 37 7806214453 8,610.72

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

PAID BANK DEBTS

DATE
5-5-16

PAYEES	
BARKLEYS BANK	\$ 26.82
(BANK OF AMERICA)	\$ 166.75
SMALL BUS. ADM	
CHASE	\$ 85.16
DISCOVER CARD	\$ 18.66
SUSQUEHANNA BANK	\$ 416.89
WELLS FARGO	\$ 72.96
	<hr/>
	\$ 787.24

Account Number	
Purpose of Account (Personal)	
Type of Amount (e.g., Chequing)	

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.

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ATTACHMENT 110.9C

Attachment 110.9C - Exhibit A - 110.9C

Name	Address	City, State, Zip	Phone
John Doe	123 Main St	Anytown, CA 90210	(555) 123-4567
Jane Smith	456 Elm St	Anytown, CA 90210	(555) 234-5678
Bob Johnson	789 Oak St	Anytown, CA 90210	(555) 345-6789
Alice Brown	101 Pine St	Anytown, CA 90210	(555) 456-7890
Charlie Davis	202 Pine St	Anytown, CA 90210	(555) 567-8901
Diana Evans	303 Pine St	Anytown, CA 90210	(555) 678-9012
Frank Green	404 Pine St	Anytown, CA 90210	(555) 789-0123
Grace Hill	505 Pine St	Anytown, CA 90210	(555) 890-1234
Henry King	606 Pine St	Anytown, CA 90210	(555) 901-2345
Ivy Lee	707 Pine St	Anytown, CA 90210	(555) 012-3456
Jack Miller	808 Pine St	Anytown, CA 90210	(555) 123-4567
Karen Nelson	909 Pine St	Anytown, CA 90210	(555) 234-5678
Leo Ortiz	1010 Pine St	Anytown, CA 90210	(555) 345-6789
Mia Parker	1111 Pine St	Anytown, CA 90210	(555) 456-7890
Noah Quinn	1212 Pine St	Anytown, CA 90210	(555) 567-8901
Olivia Reed	1313 Pine St	Anytown, CA 90210	(555) 678-9012
Peter Scott	1414 Pine St	Anytown, CA 90210	(555) 789-0123
Quinn Taylor	1515 Pine St	Anytown, CA 90210	(555) 890-1234
Rachel White	1616 Pine St	Anytown, CA 90210	(555) 901-2345
Sam Young	1717 Pine St	Anytown, CA 90210	(555) 012-3456
Tina Zane	1818 Pine St	Anytown, CA 90210	(555) 123-4567
Uma Adams	1919 Pine St	Anytown, CA 90210	(555) 234-5678
Victor Baker	2020 Pine St	Anytown, CA 90210	(555) 345-6789
Wendy Carter	2121 Pine St	Anytown, CA 90210	(555) 456-7890
Xavier Evans	2222 Pine St	Anytown, CA 90210	(555) 567-8901
Yara Foster	2323 Pine St	Anytown, CA 90210	(555) 678-9012
Zoe Grant	2424 Pine St	Anytown, CA 90210	(555) 789-0123
Adam Harris	2525 Pine St	Anytown, CA 90210	(555) 890-1234
Bella Ives	2626 Pine St	Anytown, CA 90210	(555) 901-2345
Caleb Jones	2727 Pine St	Anytown, CA 90210	(555) 012-3456

Page 13 of 14

For information, this packet does not contain information in the system, provide details, including the names, addresses, and phone numbers of the individuals listed above.

MONTHLY OPERATING REPORT -
US VITAL

ATTACHMENT NO. 6

ACCOUNTS RECEIVABLE RECONCILIATION (Dollar Amount - Dollars)	Scheduled Amount	Current Month
Accounts Receivable Beginning Balance		
Plus: Billings During the Month		
Less: Collections During the Month		
Adjustments or WriteOffs**		
Accounts Receivable Ending Balance**		

ACCOUNTS RECEIVABLE AGING (Dollar Amount - Dollars)	Scheduled Amount	Current Month
0 - 30 Days		
31 - 60 Days		
61 - 90 Days		
Over 90 Days		
Total Accounts Receivable**		

* Attach explanation of any adjustment or writeoff.

** The "current month" of these two lines must equal.

POST-PETITION TAXES	Beginning Tax Liability*	Amount Withheld & or Accrued
Federal Taxes		
Withholding**		
FICA - Employee		
FICA - Employer		
Unemployment		
Income		
Other (Attach List)		
Total Federal Taxes		
State & Local Taxes		
Withholding		
Salaries		
Unemployment		
Real Property		
Personal Property		
Other (Attach List)		
Total State & Local Taxes		
Total Post-Petition Taxes		

* The beginning tax liability should represent the liability from the prior month, or if this is the first report, the amount should be zero.

** Attach copies of IRS Form 941 or your FTD coupon and payment receipt to verify payment or accrual.